



# IMPROVING ACCESSIBILITY OF PALLIATIVE CARE PATIENTS FROM TAN TOCK SENG HOSPITAL TO DOVER PARK HOSPICE (SUSTAINABILITY PHASE)



Adding years of healthy life

**YUNG, SEK HWEЕ TRICIA (PALLIATIVE MEDICINE)**  
**CHIA, GERK SIN (NURSING SERVICE, PALLIATIVE MEDICINE)**

## Mission Statement

- To reduce waiting time of Tan Tock Seng Hospital Palliative Medicine (Ward 83) patients, who do not require isolation, to Dover Park Hospice (DPH) from 6 working days to 3 working days over *a sustained period*.
- Patient who not require isolation are those who are non MRSA, CRE or VRE.
- The aim is to help increase palliative care patients' accessibility of hospice care during the last months of life.

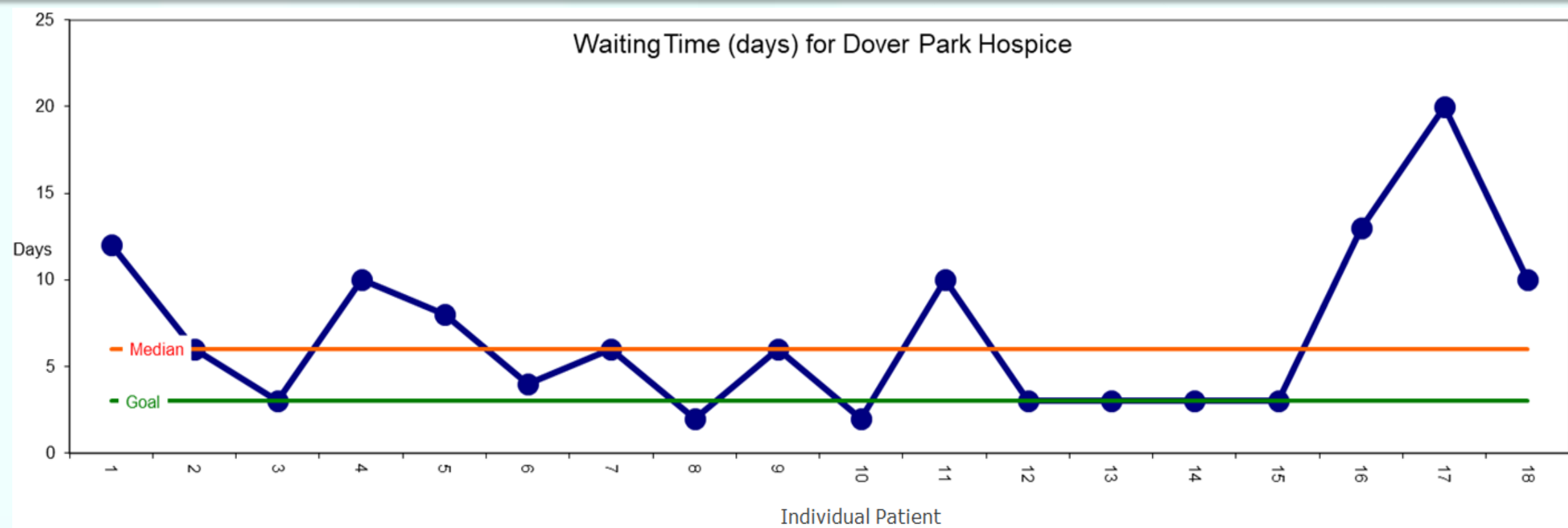
## Team Members

	Name	Designation	Department
Team Leaders	Dr Yung Sek Hwee Tricia	Consultant	Pall Med/DPH
	Chia GerK Sin	Advanced Practice Nurse	Pall Med/Nursing Service
Team Members	Yang Xiu Yu	Assistant Nurse Clinician	Ward 83 (Pall Med)
	Dr Marysol Iglesias Dalisay- Gallardo	Medical Officer	Pall Med
	Jade Wong Jade Fui	Pharmacist	TTSH Pharmacy (Ward 83)
	Ho Hui Lin	Medical Social Worker	TTSH Care & Counselling (Pall Med)
	Amanda Guo Chuanzi	Operation Executive	TTSH
	Pamela Koh	Senior Staff Nurse	DPH
	Edna Lim	Admin Executive	DPH

## Evidence for a Problem Worth Solving

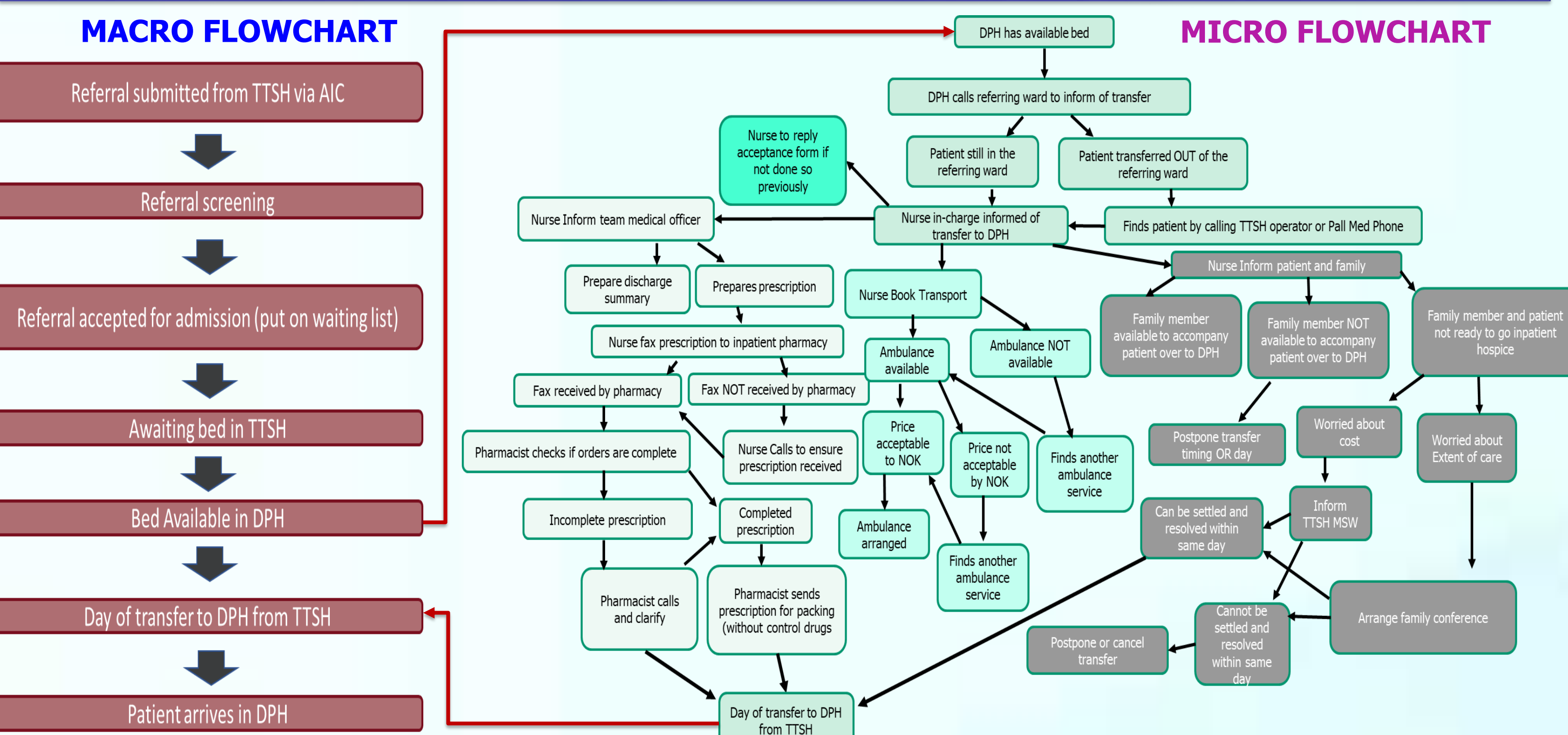
- Patient-centered care in a holistic manner by providing right siting of care
- Improve quality of end of life care by increasing accessibility hospice care to palliative care patients in acute hospital
- Caregiver's support for grief and bereavement
- Implementation of MOH healthcare master plan "Beyond 2020" with key shifts in moving hospital care to community facilities as well as translating quality to value

## Current Performance of a Process

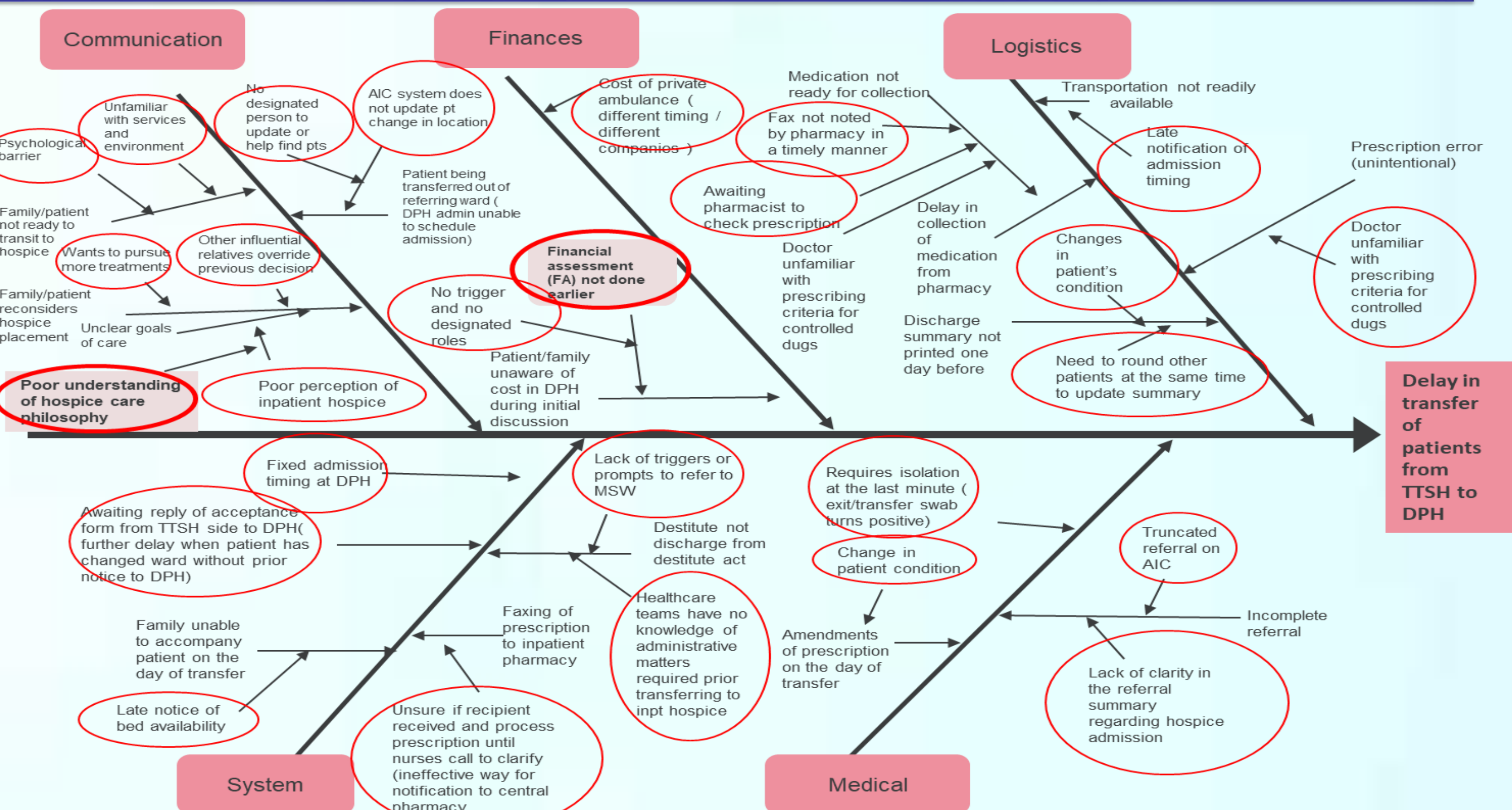


The median wait time for Dover Park Hospice placement is **6 days**.

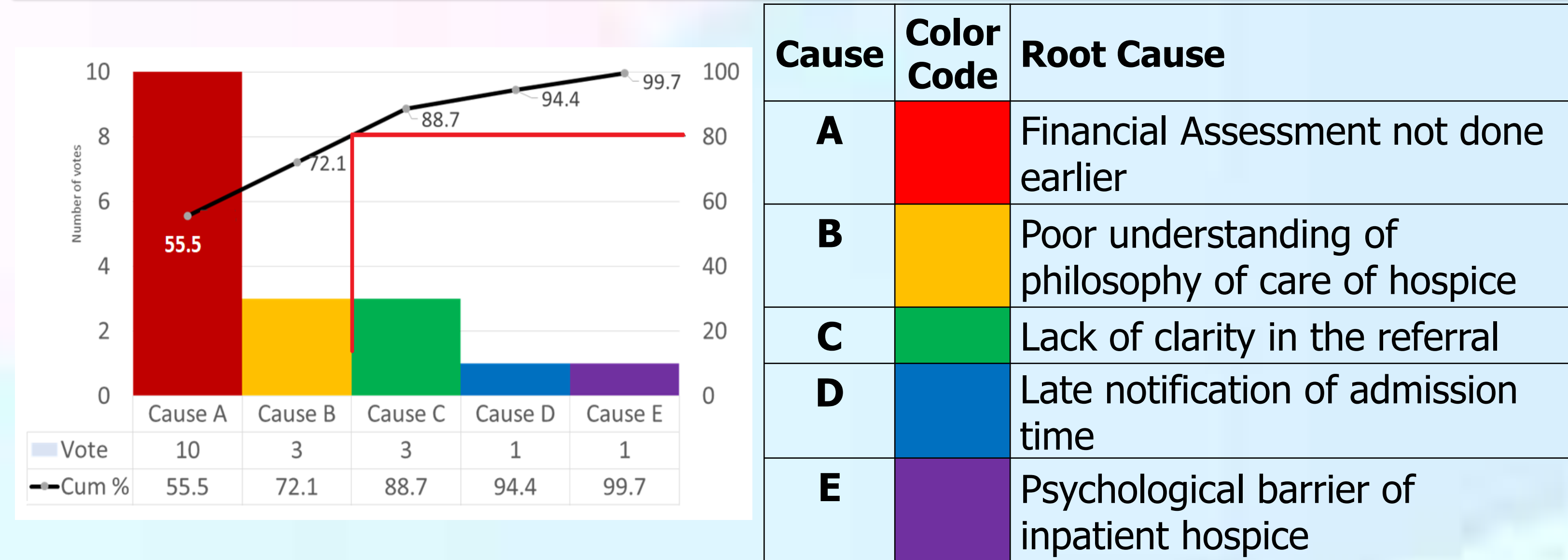
## Flow Chart of Process



## Cause and Effect Diagram



## Pareto Chart

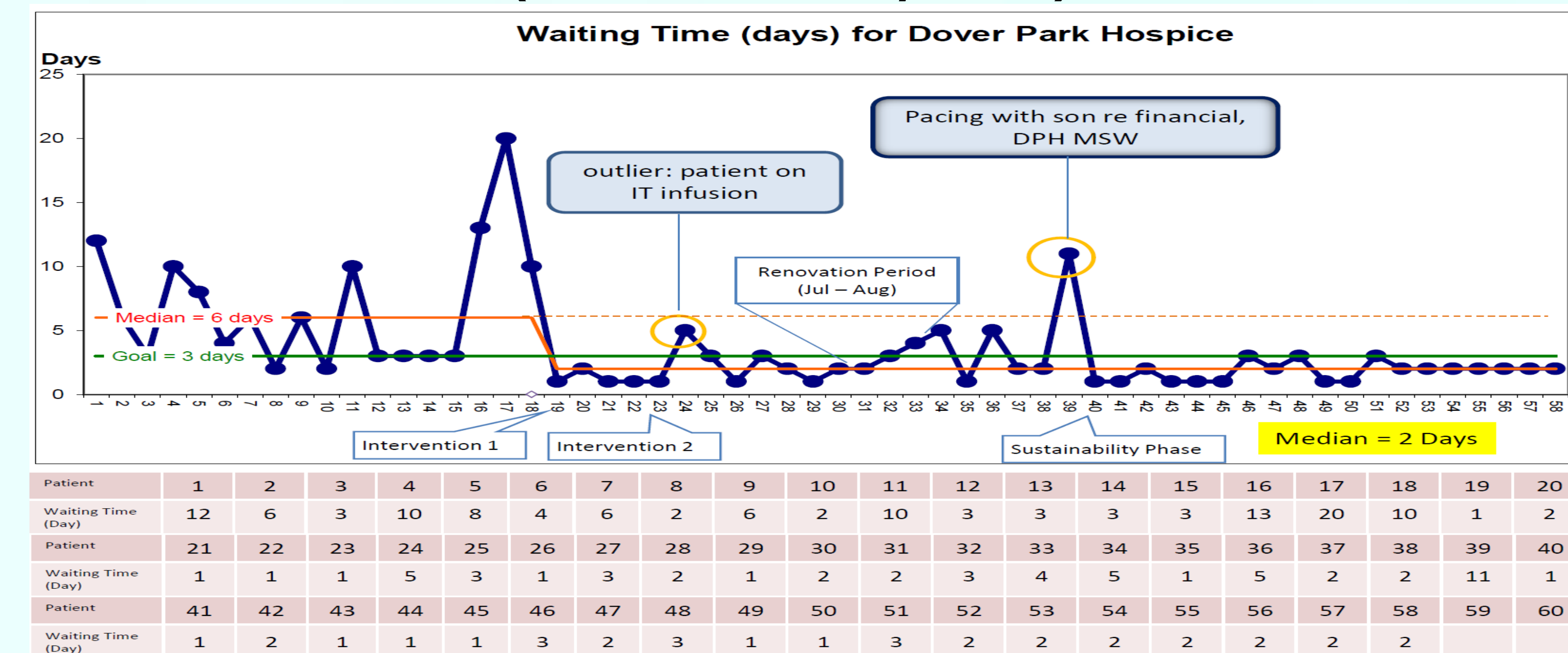


## Implementation

Problem	Interventions	Implementation Date
Financial Assessment not done earlier	<b>Start financial counseling early:</b> <ol style="list-style-type: none"> <li>Educating Medical Officers (MO) on cost of inpatient hospice and the subsidy schemes available in hospices</li> <li>MO to check with Palliative MSW on the level of subsidy and to revert to patient and family</li> <li>Refer case to MSW if family still has questions on inpatient hospice cost while proceeding to initiate inpatient hospice referral on AIC portal</li> </ol>	12 Jan 2018
Poor understanding of philosophy of care of hospice	<b>Improve understanding of hospice philosophy of care:</b> <ol style="list-style-type: none"> <li>Educate and provide easy access of checklist for MO on specific areas to discuss when speaking to family/patient</li> <li>Provide pamphlets of inpatient hospice service providers to family/patient</li> </ol>	20 Feb 2018

## Results

### Post Interventions Runchart January 2018 to February 2019 (Pilot to Sustainability Phases)



The new median wait time for Dover Park Hospice placement is **2 days**.

## Cost Savings

Item	Pre-Intervention	Post-Intervention	Difference
No. of bed days saved	6 days	2 days	- 4 days
Total Cost of Bed Days Saved	6 days x \$1,114 = \$6,684	2 days x \$1,114 = \$2,228	= <b>-\$4,456</b> (in monetary terms)
<b>For Patients who are transferred to Hospice</b>			
Average wait time for inpatient hospice	6 days	2 days	- 4 days
Total Cost of Care Saved (Annualized)	128 patients x 6 days x \$614 = \$471,552	128 patients x 2 days x \$614 = \$157,184	= <b>&gt;\$300K</b>

**Note:**  
 1. Cost of Care per patient = \$1114 (TTSH) - \$500 (Hospice) = \$614  
 2. Projected no. of patients admitted to Hospice (Annualized) = 128

## Problems Encountered

Change over of Medical Officers and Resident doctors on a 3 monthly basis to ensure that there is continuity of interventions during change overs.

## Strategies to Sustain

- Continual engagement of interdisciplinary team at all levels.
- Regular feedbacks and education to the junior doctors and referring team to ensure continual communications & feedbacks (incorporating checklist for juniors through departmental orientation, intranet and core tutorials).
- Spread to all Palliative Care patients outside ward 83, isolation beds (ongoing new measure on MRSA decolonization while waiting DPH to increase capacity) and collaborative effort with other hospices.